

South Carolina Department of Social Services
Food Stamp Program
EXPEDITED SCREENING WORKSHEET

Case Name: _____ Screener's Name: _____ Date: _____
Write in full name (not initials)

Income Received This Month	1. Enter the amount from item 7a of FS application. Is anyone self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, stop here and refer to supervisor.	1.		
	a. Is amount in line 1 greater than \$150.00? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proceed to line 2. If no, this is a potentially expedited case, refer to supervisor.			
	2. Enter the amount from item 7b of FS application.	2.		
	3. Add lines 1 and 2. (line 1 + line 2 = line 3) This is the total income received this month.			3.
	4. Enter applicant's rent/mortgage from item 7d of FS application.	4.		
Expenses	5. Enter applicant's utilities from item 7d of FS application or enter \$221.00 (MUA), whichever is greater.	5.		
	6. Enter applicant's utility check from item 7d of FS application.	6.		
	7. Subtract line 6 from line 5. (line 5 - line 6 = line 7)	7.		
	8. Add line 4 to line 7. (line 4 + line 7 = line 8)			8.
Income vs Expenses	a. Is line 3 greater than or equal to line 8? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, treat as regular FS case. If no, refer to supervisor.			

Potentially Expedited? ☐ Yes ☐ No

Signature of Supervisor: _____
For Expedited Applications Only